



Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Account Number:			Date of t	this Report: 1/24/07
REPORTING PERIOD:	FROM:	1-1-06	_ TO:	12/31/06
Check the box that applies to	this report:			
Primary Election	□ 8-DAY	□ 30-DAY		Office:
General Election	□ 8-DAY	□ 30-DAY		CHERK OF THE PRACE
Other Election	□ 8-DAY	□ 30-DAY		
Special Election	□ 8-DAY	□ 30-DAY		
Year End Report	Final Orga	nization Closing		Closing Date: 12/31/06
				, ,
regulations regarding Campa	aign Finance and	the election process in	he State of	curate and correct. I agree to abide by all rules and of Delaware. I understand that representatives from mation provided on this report.
regulations regarding Campa	aign Finance and	the election process in	he State of	of Delaware. I understand that representatives from



STATEMENT OF ACCOUNT BALANCE

<u>A(</u>	CCOUNT #:	REI	PORTING PERIOD:	1-1-06	12-31-01
				FROM	то
1.		NG BALANCE t Balance from last reporting period)			255.02
2.	RECEIPT:	S:			
	Α.	SCHEDULE A - TOTAL RECEIPTS			
	В.	SCHEDULE C-1 - TOTAL IN-KIND CON	TRIBUTIONS		
	C.	SCHEDULE D-1 - TOTAL LOANS RECE	IVED		1100
	D.	SCHEDULE E - TOTAL EXPENSE REIM	IBURSEMENTS RECEIV	VED .	
	E. SU	BTOTAL (Total of A, B, C, D)			1100
3.	EXPENDI	TURES:).	
	F.	SCHEDULE B - TOTAL EXPENDITURE	s		548.33
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXP	ENDITURES		
	н.	SCHEDULE D-2 – TOTAL LOAN PAYMI	ENTS		
	I.	SCHEDULE E – TOTAL EXPENSE REIM	IBURSEMENTS PAID		400
	J. St	BTOTAL (Total of F, G, H, I)			948.33
4.	ENDING E	SALANCE g Balance plus 2E, minus 3J)			406.69
5.	VALUE O	F NON-CASH ASSETS (From Schedule F)			
6.	VALUE O	F DISPOSED/TRANSFERRED ASSETS (From	Schedule G)		
7.	VALUE OI	LOANS AT END OF PERIOD (Loan Balance	from Schedule D-2)		1100
8.	CLOSE OU	T BALANCE (Must equal zero if Committee c	losed)		N



SCHEDULE A - TOTAL RECEIPTS

ACCT #:			REPORTING PERIOD:	1-1-06	12-31-0
over \$50. No period, each	OTE: If you recei item must be list	ve funds from the same pe ed if the aggregate amour	Receipts from sales of items must be ite rson or organization several times duri at is over \$100, even if the individual an	FROM emized if they are	ТО
Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received

TOTAL RECEIPTS IN EXCESS OF \$100

TOTAL RECEIPTS NOT IN EXCESS OF \$100

GRAND TOTAL RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



SCHEDULE B - TOTAL EXPENDITURES

ACCT #:	REPORTING PERIOD:	1-1-06	12-31-06
		FROM	TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF \$100:

Date Expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended
2/8/05	DOVER POST	DOVER DE 19903	12		144.13
12/6/66	Dovek Post	P.O. But 664 Dowler Del. 19903	12	326.73	182-60
TOTAL EX	PENDITURES IN EXCESS OF	5100		E PLOUBLE DO	326.73
TOTAL EX	PENDITURES NOT IN EXCESS	S OF \$100			221-60
	OTAL EXPENDITURES . SHOULD ALSO APPEAR ON PAGE 2.	STATEMENT OF ACCOUNT BALANCE, ITEM 3F)			548.33



SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#:		REPORTING PERIOD:	1-1-06	/2-31-06 TO
			FROM	TO
each item must b	cerve in-kind contributions from the listed if the aggregate amount TRIBUTIONS IN EXCESS OF	the same person or organization is over \$100, even if the individe \$100:	tue in excess of \$100 for the reporting several times during the reporting the reporting amounts are not. TS YOU MADE FOR THE GOODS OR	g period,
Date	Contributor	Contributor	Descriptio	
Received	Name	Mailing Address	Contribut	ion Value Received
		以 · · · · · · · · · · · · · · · · · · ·		
				THE RESERVE OF THE PERSON NAMED IN
The second	William Commence of the Park			
				THE PARTY NAMED IN
				THE RESERVE
				Part of the second
				CITY OF STREET
1000				THE RESIDENCE OF THE PERSON NAMED IN
TOTAL IN-KI	ND CONTRIBUTIONS IN EXC	CESS OF \$100		0
TOTAL IN-KIN	ND CONTRIBUTIONS NOT I	N EXCESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. IN-KIND EXPENDITURES IN EXCESS OF \$100: NOTE: STIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES) Date Payee Payee Description of Estimated Mailing Address Expenditure Value Expended Name Mailing Address Expenditure Fayor Description of Expenditure Value Expended TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100 TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100	ACCT #:		REPORTING PERIOD:	1-1-06	12-31-06
NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not. IN-KIND EXPENDITURES IN EXCESS OF \$100: NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES) Date Payee Payee Payee Mailing Address Expenditure Expended Name Mailing Address Expenditure Mailing Address Expenditure TOTAL IN-KIND EXPENDITURES IN EXCESS OF \$100				FROM	то
Date Expended Name Mailing Address Description of Extimated Value Expended Value Expended Service Serv	each item must be	in-kind expenditures to the sa listed if the aggregate amour NDITURES IN EXCESS OF	me person or organization severa it is over \$100, even if the individe \$100:	al times during the reporting period, dual amounts are not.	
Expended Name Mailing Address Expenditure Value Expended	Date	Payee			
	Expended	Name	Mailing Address	Expenditure	
				STATE OF THE PARTY	
					Value of Value of the
			THE RESERVE OF THE PARTY OF THE		
				STATE OF STREET	
			alegati bilangana		
				The second secon	
				STATE OF THE PARTY	
				HE SHALL BE SHOWN	
	POTAT IN INC.	n. Practical and Property and Park State	TEGG OF SIGN		- 1
TOTAL IN VIND EVPENDITURES NOT IN EVCESS OF SIM	TOTAL IN-KIN	D EXPENDITURES IN EXC	ESS OF \$100		
	TOTAL IN PIN	D EVPENDITUDES NOT D	V EV CESS OF SIAA		

GRAND TOTAL IN-KIND EXPENDITURES
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



SCHEDULE D-1 - LOANS RECEIVED

ALCEITED DORING THIS KEP	ORTING PERIOD should be itemized on this schedule. NOTE: These lo	ans must also be listed on Schedule D-2		
EXCESS OF \$50:	THO I ENOD SHOULD BE REILIZED OF THIS SCHOOL TO TE. THOSE TO	and must use or used on deneatile D-2.		
Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
Boulden	3MARTY RD MIDDLE NOW DE.	None	1 X	100
Bulden	3 MARJEY RD MIDDLESUN De	NONE	4	1000-
		and Mailing Address and Mailing Address	and Mailing Address of Security	and Mailing Address of Security Rate



SCHEDULE D-2 - LOANS

	•	
	5	
	4	
	****	1

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50:

ACCT#:

	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int	Original Loan Amount	Payments Made	Loan Balance
VI	an Bullion	Bout Don	Newe	0	100	0	000
	16/16 Kon Barr Dan	Bourson Fak	None	0	1000/	0	000
	OTAL LOANS)TALLOANS				1100



SCHEDULE E - EXPENSE REIMBURSEMENTS

	eived by you and paid by you must	be itemized. abursements for expenses you incurred.)			
Date	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursemer Received
2/7/06 Tom Co	viello	CAMPAIGN WORKERS	12/13/06	400-	400
4014 Mi	11 Crack RD.	CAMPAGEN WORKERS CHRISTMAS LUNCH.	1	NA SERIE	1
40 CKessi	r, De 19707				
					7 17 17 17 1
					/ 18
OTAL REIMBURSEMENT	S RECEIVED				400
		PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			400
EIMBURSEMENTS RECEIVED	TOTAL SHOULD ALSO APPEAR ON F				400
EIMBURSEMENTS RECEIVED	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	Activity	Total	Reimbursemer
EIMBURSEMENTS RECEIVED (EIMBURSEMENTS PAID (Date	TOTAL SHOULD ALSO APPEAR ON F	others for expenses they incurred.)	Activity Date	Total Expense Amount	
EIMBURSEMENTS RECEIVED (EIMBURSEMENTS PAID (Date	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	(CONT. 1975)		Reimbursemer
EIMBURSEMENTS RECEIVED	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	(CONT. 1975)		Reimbursemer
EIMBURSEMENTS RECEIVED	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	(CONT. 1975)		Reimbursemer
EIMBURSEMENTS RECEIVED	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	(CONT. 1975)		Reimburseme
EIMBURSEMENTS RECEIVED	Monies paid by you to reimburse Payee Name	others for expenses they incurred.) Description	(CONT. 1975)		Reimburse



SCHEDULE F - NON-CASH ASSETS

temize all non-cash as	sets owned by the organization including	those paid for by the organization, lent to the organization	and
ontributed to the organ	nization.	and paid for of the organization, tent to the organization	i and
IST ALL NON-CAS			
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			N STATE V
-			
Street, Street			6 1200
Walter Street			
		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	-
-			70000000
100	NEW YORK THE PARTY OF THE PARTY		
2 2 7 7 7 7 7 7 7	William Total Control of the Control		1 1 1 1 1 1
OTAL ASSET VAL	UE		0

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:		REPORTING PERIOD: /-/	-06 12-31-0
Itemize all non-cash as	sets disposed of, transferred or sold by the or		-06 12-31-0 FROM TO
ALL NON-CASH AS	Description	Disposition	Value
Eliminated	of Asset	of Asset	Received
		127-17-17	
THE STATE OF STREET			
TOTAL LOOPED TO	THE PARTY OF THE P		
TOTAL ASSETS EL	IMINATED		

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)